



CUSTOMER SATISFACTION FORM

RESOURCES

NATIONAL ALCOHOL AND DRUG ADDICTION RECOVERY MONTH CUSTOMER SATISFACTION FORM

We would like to know about your **National Alcohol and Drug Addiction Recovery Month (Recovery Month)** efforts this September and how useful you found this toolkit as you planned your activities. This information will be used in the development of future outreach materials distributed by the Center for Substance Abuse Treatment, a division of the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services.

Your response is voluntary, but your input is essential so that the **Recovery Month** materials we provide in future years will continue to meet your needs. Please complete this form and return it by mail or fax to the address below by October 31, 2004. We encourage you to include photographs and/or samples of supporting materials from your **Recovery Month** activities.

Name:	Title:
Organization name & mailing address:	Phone & fax numbers:
Organization Web site address:	E-mail address:
Please provide a brief description of your event or major activities. (Please attach additional sheets, if necessary.)	
Did you receive media coverage? If yes, who covered your event? (Please attach a brief summary or copies of articles.)	

Please tell us which kit materials listed below you used and provide suggestions for improving them.

	Used It? (Y/N)	How Useful Was It?	Comments/Suggestions
Planning Partners List			
Additional Resources			
Single State Agency Directory			
Overview: Access to Recovery			
Alcohol and Drug Use Disorders in Our Society			
The National Investment in Treating Alcohol and Drug Use Disorders			
Commonly Misused Substances			
Youth and Alcohol and Drug Use Disorders: How Adults Can Help			
Alcohol and Drug Use Disorders and the Workplace			

15TH ANNUAL

National Alcohol
& Drug Addiction
Recovery Month

SEPTEMBER 2004



CUSTOMER SATISFACTION FORM

RESOURCES

Page 2

Name:

Organization:

	How Useful Was It?	Used It? (Y/N)	Comments/Suggestions
Health Care Providers: Helping Your Patients Join the Voices for Recovery			
Mobilizing the Recovery Community: Using Your Experience to Spread the Word			
Supporting and Integrating Systems of Care: Maximizing Their Impact on Improving Access to Treatment for People with Alcohol and Drug Use Disorders			
Join the Voices for Recovery			
Promotional Event Ideas			
Speaking Effectively with the Media About Recovery Month			
Sample Proclamations			
Sample Press Release			
Sample Media Advisory			
Sample Op-Ed			
Radio Public Service Announcements (live-read announcer scripts)			
Logo Sheet			
Letterhead			

Please send your response to:

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
Center for Substance Abuse Treatment, Office of the Director, Consumer Affairs
5600 Fishers Lane, Rockwall II, Rockville, MD 20857
Fax: 202-789-0598

NOTE: Public reporting for this collection of information is estimated to average 10 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: SAMHSA Reports Clearance Officer, Paperwork Reduction Project (0930-0197); Room 16-105, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0197.

15TH ANNUAL

National Alcohol
& Drug Addiction
Recovery Month

SEPTEMBER 2004